

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/550857

FILING DATE

4.17.00

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3		1				
4		1				
5		1				
6		1				
7		1				
8		1				
9		1				
10		1				
11		2				
12		1				
13		1				
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44		1				
45		1				
46		1				
47		1				
48		1				
49		1				
50		1				
TOTAL IND.	3					
TOTAL DEP.	56					
TOTAL CLAIMS	59					

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		1				
52	1					
53		1				
54		1				
55		1				
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

BEST AVAILABLE COPY